

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-015094

STATE FILE NUMBER

2 3616

XC-14 805 906

SL 565

FILED MAY 8 1959

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N. GRAND, ST. LOUIS, MO.		c. CITY OR TOWN St. Louis 4211	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET. ADM. HOSPITAL		d. STREET ADDRESS (If outside, give location) 3551 Ray	
Length of stay in lb 4 days		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last JOSEPH J. HEBERER			
4. DATE OF DEATH Month Day Year APRIL 11, 1959			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 6/21/25
9. AGE (In years last birthday) 33		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LETTER CARRIER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) ST. LOUIS, MO.
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME JOHN A. HEBERER		13b. MOTHER'S MAIDEN NAME CORRINE WADE	
14. NAME OF HUSBAND OR WIFE EDITH M. HEBERER			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, give year or unknown) (If yes, give year or dates of service) YES WW-2		16. SOCIAL SECURITY NO. 499-20-2393	
17. INFORMANT VA HOSP. RECORDS, ST. LOUIS, MO.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULMONARY INFARCTION DUE TO (b) PULMONARY CALCINOSIS DUE TO (c) REGIONAL ENTERITIS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
INTERVAL BETWEEN ONSET AND DEATH 9 YEARS			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION VA		COUNTY STATE	
21. I attended the deceased from 4/7/59 to 4/11/59 and last saw him alive on 4/11/59 Death occurred at 3:35 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. Robertson M.D.		22b. ADDRESS VAH, ST. LOUIS, MO.	
22c. DATE SIGNED 4/11/59			
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 4-13-59	
23c. NAME OF CEMETERY OR CREMATORY VALHALLA		23d. LOCATION (City, town, or county) (State) ST LOUIS 14 MO	
24. FUNERAL DIRECTOR ORTMANN F Home Overland MO		25. DATE RECD. BY LOCAL REG. APR 12 '59	
26. REGISTRAR'S SIGNATURE Karl Smith M.D.			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

ALL diseases in Part I must be causally related.

OCT 30 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Samuel S. Stefanovic, Student Embalmer No. 578 working under my personal supervision.

Student Sam Stefanovic
Signature of Student Embalmer

Signed Al C. Outmann

Licensed Embalmer No. 3428

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.